College of Charleston Faculty/Staff Authorization Agreement for Direct Deposit of Payroll

This form is not for student employees. Student employees should contact the Career Center for instructions and documentation.

This form MUST be typed out. Handwritten forms will NOT be accepted. Any form(s) submitted without the typed format or required attachment(s) will NOT be accepted. Screenshots of account information will NOT be accepted.

REQUIRED ATTACHMENT(S) TO THIS FORM INCLUDE: A voided check and/or signed letter from your financial institution that shows the FULL routing/account numbers.

If you work on campus, print out the form and bring the form along with the required attachment(s) to present in-person to a representative in the Office of Human Resources --- valid photo identification is also required.

If you work only remotely, submit electronically via SecureShare (assessible via MyPortal) to your HR Services Coordinator, Emily Totty (faculty, coaches, and unclassified staff) or Crystal Owens (permanent and temporary staff).

The required attachment(s) must also be included --- valid photo identification is also required.

SPECIAL NOTE: Please be aware that there are payroll deadlines for submitting changes to your direct deposit information. Please review the payroll submission calendar to avoid any delays.

Employee Information

Employee Name (Print): _____ Contact Email: _____

CWID: _____ Contact Phone: _____

Department: _____

Primary Account (This is where your entire paycheck or the balance is deposited after the fixed dollar amount is deducted from the second and/or third accounts listed below.)

Select one: ☐ New ☐ Change

Account Type (Select one): ☐ Checking ☐ Savings

Routing Number: _____

Routing Number (re-enter): _____

Account Number: _____

Account Number (re-enter): _____

Financial Institution Name: _____

NET PAY

Secondary Account

Select one: ☐ New ☐ Change

Account Type (Select one): ☐ Checking ☐ Savings

Routing Number: _____

Routing Number (re-enter): _____

Account Number: _____

Account Number (re-enter): _____

Financial Institution Name: _____

Fixed Dollar Amount $ _____

Third Account

Select one: ☐ New ☐ Change

Account Type (Select one): ☐ Checking ☐ Savings

Routing Number: _____

Routing Number (re-enter): _____

Account Number: _____

Account Number (re-enter): _____

Financial Institution Name: _____

Fixed Dollar Amount $ _____

Attestation

I authorize the College of Charleston to direct deposit funds to my account(s) in the financial institution(s) listed above. If funds to which I am not entitled are deposited in my account, I authorize the College of Charleston to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement.

Employee Name (Print): _____ Signature: _____ Date: _____

EMPLOYEE CERTIFICATION: By my signature above, I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

To Be Completed by HR

Received By (Print Name): _____ Date: _____ Entered in Banner (Initials): _____